U. S. COST REIMBURSABLE  (Department, bureau, or establishment)  Voucher prepared at							PAID BY		
Voucher prepared at						<u> </u>	Opp-3660-59		
To			·····				COPY /	OF 2	
			(Payee)			•			
	(Ad	dress)	(City)	(8	State)				
No. and Date of Order	Date of Delivery or Service	(Enter description	ARTICLES OR SERVIC n, item number of contro d other information dee	ct or Federal s	upply QUANTIT	)	PRICE Per	AMOUN Dollars	E:
7		Costs						\$(34	2
		00505						Ψ(3)	-
PAYMENT:	}								
Complete Partial									
Final		Use	continuation sheet(s) if n	ecessary					
Shipped from		to	Weight	Government		ЮТ 1.	Total	\$(34	2
I certify that the above bill is correct and just and that payment has not been received.					(Payee must N				
TINTL		(Sign original only)	)		Differences				
· 07									
Date	-74 *B	when a	like certificate is made by payse on a	tached bill or bills)	Amount verifie			( 34	2
Per		itle						<del>- / - /</del>	
Contract No.	ر ۷۷	Date	Req. No	),	Date	)	Invoice Rec'e	d.	
Pursuant to autho	ority vested in me,	I certify that this accor	unt is correct and proper	for payment.					
					(Autho	wind Costil	ing Office-		· • • • •
			SIGN ORIGINAL						
Ву			ONLY	i itle				~~~	
Title				Date					
	THE REVERSE OF T	HIS FORM MUST BE EXECUTI	ED WHEN PURCHASES ARE MAD	E OR SERVICES SE	CURED WITHOUT WRITTE	N AGREEMENT	IN ANY FORM		
			TION (Appropriation Syr				<del>- 1 - 1 - 1 - 1</del>		